

# Kentucky Secretary of State

## TREY GRAYSON

Division of Corporations  
BUSINESS RECORDS  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-2848  
Fax: (502) 564-4075  
<http://www.sos.ky.gov/>

### Request for Corporate Documents

**BUSINESS NAME:** \_\_\_\_\_

**CERTIFICATES REQUESTED**  
All certificates are \$10.00 each.

**DOMESTIC CORPORATION/LIMITED LIABILITY COMPANY**

- ☐ CERTIFICATE OF EXISTENCE  
☐ LONGFORM CERTIFICATE OF EXISTENCE  
☐ CERTIFICATE OF MERGER  
☐ CERTIFICATE OF VOLUNTARY DISSOLUTION  
☐ CERTIFICATE OF ADMINISTRATIVE DISSOLUTION  
☐ CERTIFICATE OF REGISTERED AGENT  
☐ CERTIFICATE OF NO RECORD

**REGISTERED LIMITED LIABILITY PARTNERSHIP**

- ☐ CERTIFICATE OF NO RECORD

**DOMESTIC LIMITED PARTNERSHIP**

- ☐ CERTIFICATE OF FORMATION  
☐ CERTIFICATE OF REGISTERED AGENT  
☐ CERTIFICATE OF NO RECORD

**FOREIGN CORPORATION/LIMITED LIABILITY COMPANY**

- ☐ CERTIFICATE OF AUTHORIZATION  
☐ LONGFORM CERTIFICATE OF AUTHORIZATION  
☐ CERTIFICATE OF WITHDRAWAL  
☐ CERTIFICATE OF REVOCATION  
☐ CERTIFICATE OF REGISTERED AGENT  
☐ CERTIFICATE OF NO RECORD

**DOCUMENTS REQUESTED**

- ☐ ALL DOCUMENTS FILED  
☐ ALL DOCUMENTS FILED  
(EXCLUDING ANNUAL REPORTS)  
☐ ARTICLES, AMENDMENTS, MERGERS  
☐ INCLUDE ASSUMED NAMES  
☐ ARTICLES OF INCORPORATION  
☐ ARTICLES OF ORGANIZATION
- ☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ STATEMENT OF PARTNERSHIP AUTHORITY  
☐ APPLICATION FOR CERTIFICATE OF AUTHORITY  
☐ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A  
FOREIGN LIMITED PARTNERSHIP  
☐ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A  
FOREIGN BUSINESS TRUST  
☐ STATEMENT OF QUALIFICATION

**Please indicate if your document request is for regular copies or certified copies:**

- ☐ REGULAR COPIES  
(\$5.00 up to 5 pages, then \$0.50 a page thereafter)
- ☐ CERTIFIED COPIES  
(\$5.00 up to 5 pages, then \$0.50 a page thereafter and \$5.00 for the  
certificate)

**REQUESTOR'S INFORMATION:**

Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you want the documents returned by fax, an additional fee of \$5.00 is assessed: Fax return: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Payment Information (If paying with a pre-paid account number, please list 3-part account number): \_\_\_\_\_

Comments: \_\_\_\_\_